

§ 850.40

10 CFR Ch. III (1–1–14 Edition)

(f) The responsible employer must maintain all records required by this part in current and accessible electronic systems, which include the ability readily to retrieve data in a format that maintains confidentiality.

(g) The responsible employer must transmit all records generated as required by this rule, in a format that protects the confidentiality of individuals, to the DOE Chief Health, Safety and Security Officer on request.

(h) The responsible employer must semi-annually transmit to the Office of Illness and Injury Prevention Programs, Office of Health, Safety and Security an electronic registry of beryllium-associated workers that protects confidentiality, and the registry must include, but is not limited to, a unique identifier, date of birth, gender, site, job history, medical screening test results, exposure measurements, and results of referrals for specialized medical evaluations.

[64 FR 68905, Dec. 8, 1999, as amended at 71 FR 68733, Nov. 28, 2006]

§ 850.40 Performance feedback.

(a) The responsible employer must conduct periodic analyses and assessments of monitoring activities, hazards, medical surveillance, exposure reduction and minimization, and occurrence reporting data.

(b) To ensure that information is available to maintain and improve all elements of the CBDPP continuously, the responsible employer must give results of periodic analyses and assessments to the line managers, planners, worker protection staff, workers, medical staff, and labor organizations representing beryllium-associated workers who request such information.

APPENDIX A TO PART 850—CHRONIC BERYLLIUM DISEASE PREVENTION PROGRAM INFORMED CONSENT FORM

I, _____ have carefully read and understand the attached information about the Be-LPT and other medical tests. I have had the opportunity to ask any questions that I may have had concerning these tests.

I understand that this program is voluntary and I am free to withdraw at any time from all or any part of the medical surveillance program. I understand that the tests are confidential, but not anonymous. I understand that if the results of any test

suggest a health problem, the examining physician will discuss the matter with me, whether or not the result is related to my work with beryllium. I understand that my employer will be notified of my diagnosis only if I have a beryllium sensitization or chronic beryllium disease. My employer will not receive the results or diagnoses of any health conditions not related to beryllium exposure.

I understand that, if the results of one or more of these tests indicate that I have a health problem that is related to beryllium, additional examinations will be recommended. If additional tests indicate I do have a beryllium sensitization or CBD, the Site Occupational Medical Director may recommend that I be removed from working with beryllium. If I agree to be removed, I understand that I may be transferred to another job for which I am qualified (or can be trained for in a short period) and where my beryllium exposures will be as low as possible, but in no case above the action level. I will maintain my total normal earnings, seniority, and other benefits for up to two years if I agree to be permanently removed.

I understand that if I apply for another job or for insurance, I may be requested to release my medical records to a future employer or an insurance company.

I understand that my employer will maintain all medical information relative to the tests performed on me in segregated medical files separate from my personnel files, treated as confidential medical records, and used or disclosed only as provided by the Americans with Disability Act, the Privacy Act of 1974, or as required by a court order or under other law.

I understand that the results of my medical tests for beryllium will be included in the Beryllium Registry maintained by DOE, and that a unique identifier will be used to maintain the confidentiality of my medical information. Personal identifiers will not be included in any reports generated from the DOE Beryllium Registry. I understand that the results of my tests and examinations may be published in reports or presented at meetings, but that I will not be identified.

I consent to having the following medical evaluations:

// Physical examination concentrating on my lungs and breathing
// Chest X-ray
// Spirometry (a breathing test)
// Blood test called the beryllium-induced lymphocyte proliferation test or Be-LPT
// Other test(s). Specify:

Signature of Participant:

Date:

Department of Energy

§ 851.3

I have explained and discussed any questions that the employee expressed concerning the Be-LPT, physical examination, and other medical testing as well as the implications of those tests.

Name of Examining Physician: _____

Signature of Examining Physician: _____

Dated: _____

PART 851—WORKER SAFETY AND HEALTH PROGRAM

Subpart A—General Provisions

Sec.

- 851.1 Scope and purpose.
- 851.2 Exclusions.
- 851.3 Definitions.
- 851.4 Compliance order.
- 851.5 Enforcement.
- 851.6 Petitions for generally applicable rule-making.
- 851.7 Request for a binding interpretive ruling.
- 851.8 Informal requests for information.

Subpart B—Program Requirements

- 851.10 General requirements.
- 851.11 Development and approval of worker safety and health program.
- 851.12 Implementation.
- 851.13 Compliance.

Subpart C—Specific Program Requirements

- 851.20 Management responsibilities and worker rights and responsibilities.
- 851.21 Hazard identification and assessment.
- 851.22 Hazard prevention and abatement.
- 851.23 Safety and health standards.
- 851.24 Functional areas.
- 851.25 Training and information.
- 851.26 Recordkeeping and reporting.
- 851.27 Reference sources.

Subpart D—Variances

- 851.30 Consideration of variances.
- 851.31 Variance process.
- 851.32 Action on variance requests.
- 851.33 Terms and conditions.
- 851.34 Requests for conferences.

Subpart E—Enforcement Process

- 851.40 Investigations and inspections.
- 851.41 Settlement.
- 851.42 Preliminary notice of violation.
- 851.43 Final notice of violation.
- 851.44 Administrative appeal.
- 851.45 Direction to NNSA contractors.

APPENDIX A TO PART 851—WORKER SAFETY AND HEALTH FUNCTIONAL AREAS

APPENDIX B TO PART 851—GENERAL STATEMENT OF ENFORCEMENT POLICY

AUTHORITY: 42 U.S.C. 2201(i)(3), (p); 42 U.S.C. 2282c; 42 U.S.C. 5801 *et seq.*; 42 U.S.C. 7101 *et seq.*; 50 U.S.C. 2401 *et seq.*

SOURCE: 71 FR 6931, Feb. 9, 2006, unless otherwise noted.

Subpart A—General Provisions

§ 851.1 Scope and purpose.

(a) The worker safety and health requirements in this part govern the conduct of contractor activities at DOE sites.

(b) This part establishes the:

(1) Requirements for a worker safety and health program that reduces or prevents occupational injuries, illnesses, and accidental losses by providing DOE contractors and their workers with safe and healthful workplaces at DOE sites; and

(2) Procedures for investigating whether a violation of a requirement of this part has occurred, for determining the nature and extent of any such violation, and for imposing an appropriate remedy.

§ 851.2 Exclusions.

(a) This part does not apply to work at a DOE site:

(1) Regulated by the Occupational Safety and Health Administration; or

(2) Operated under the authority of the Director, Naval Nuclear Propulsion, pursuant to Executive Order 12344, as set forth in Public Law 98-525, 42 U.S.C. 7158 note.

(b) This part does not apply to radiological hazards or nuclear explosives operations to the extent regulated by 10 CFR Parts 20, 820, 830 or 835.

(c) This part does not apply to transportation to or from a DOE site.

§ 851.3 Definitions.

(a) As used in this part:

AEA means the Atomic Energy Act of 1954, 42 U.S.C. 2011 *et seq.*

Affected worker means a worker who would be affected by the granting or denial of a variance, or any authorized representative of the worker, such as a collective bargaining agent.